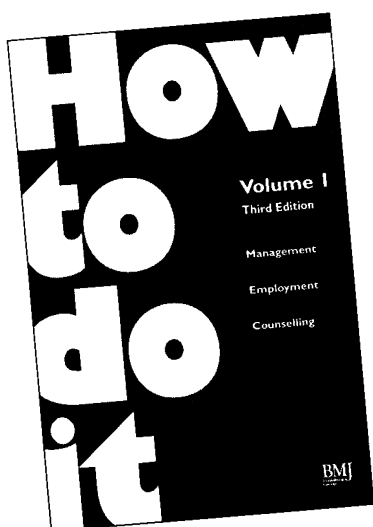


# How to do it even better!

The highly popular *How To Do It* series is a collection of expert advice on an enormous range of topics that doctors need to know about that are not necessarily covered in formal training.

All three volumes have now been completely updated, with new chapters, and a user friendly format where subjects are grouped into themes. Whether you want to chair a committee, improve your counselling skills with cancer patients, or even survive a formal dinner, your questions will be answered in these entertaining and practical guides.

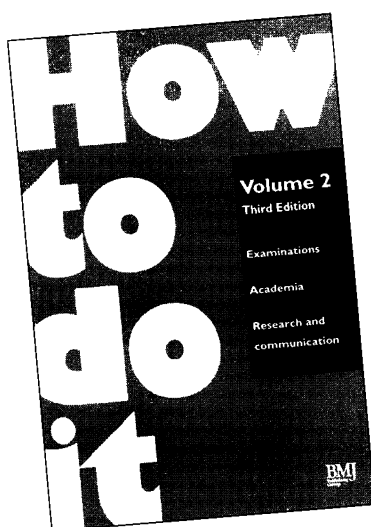
A must for all doctors, from students through to the retired.



## How to Do It Volume 1

● Management ● Employment  
● Counselling

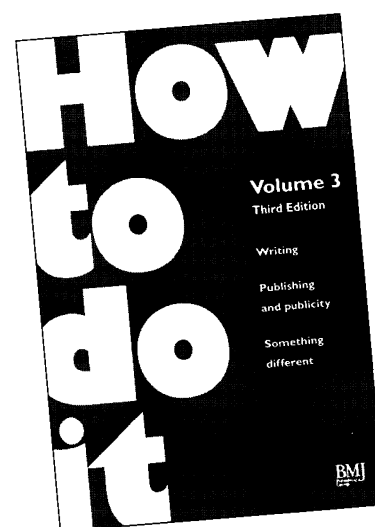
ISBN 0 7279 0848 0 272 pages 1995  
UK £12.95; Overseas £15.00  
(BMA members £11.95; £14.00)



## How to Do It Volume 2

● Examinations ● Academia  
● Research and Communication

ISBN 0 7279 0895 2 240 pages 1995  
UK £12.95; Overseas £15.00  
(BMA members £11.95; £14.00)



## How to Do It Volume 3

● Writing ● Publishing and  
Publicity ● Something Different

ISBN 0 7279 0896 0 264 pages 1995  
UK £12.95; Overseas £15.00  
(BMA members £11.95; £14.00)

## Purchase the complete set at a reduced price!

ISBN 0 7279 0906 1 UK £34.95; Overseas £39.00 (BMA members £31.95; £36.00)

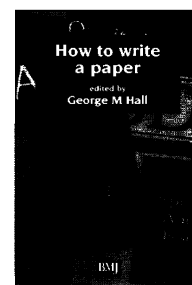
**BMJ**  
Publishing  
Group

**Also available: How to Write a Paper** Edited by G M Hall

"Highly recommended as a practical and readable guide to getting published."

*Journal of the Institute of Health Education*

ISBN 0 7279 0822 7 128 pages 1994 UK £9.95; Overseas £12.00 (BMA members £8.95; £11.00)



## Order Form

Available from: **BMJ Publishing Group, P.O. Box 295, London WC1H 9TE**, (Tel: 0171 383 6185/6245), medical booksellers or the BMJ bookshop in BMA House

Please send me \_\_\_\_\_ copy/ies of HOW TO DO IT VOLUME 1

Please send me \_\_\_\_\_ copy/ies of HOW TO DO IT VOLUME 2

Please send me \_\_\_\_\_ copy/ies of HOW TO DO IT VOLUME 3

Please send me \_\_\_\_\_ COMPLETE SET/S OF HOW TO DO IT

Please send me \_\_\_\_\_ copy/ies of HOW TO WRITE A PAPER

BMA Membership No. \_\_\_\_\_

Name \_\_\_\_\_  
(Print Clearly)

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Cheque enclosed (made payable to British Medical Journal) £ \_\_\_\_\_  
Debit my AMERICAN EXPRESS VISA MASTERCARD

Card No. \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_

☐ Please send me a BMJ PUBLISHING GROUP CATALOGUE

“Something for the next five years sir?”



SmithKline Beecham Pharmaceuticals  
Welwyn Garden City, Hertfordshire AL7 1EY.

**Presentation:** Each 1 ml of 'Engerix B' hepatitis B vaccine (rby), PL 10592/0015, contains 20 micrograms of hepatitis B surface antigen protein, together with thiomersal 1:20,000. Pack of 1 (1 ml) prefilled syringe containing 20 micrograms, £12.13; pack of 10 (1 ml) prefilled syringes each containing 20 micrograms, £121.30; pack of 1 (1 ml) vial containing 20 micrograms, £11.95; pack of 3 (1 ml) vials each containing 20 micrograms, £35.85; pack of 10 (1 ml) vials, £119.50; pack of 1 paediatric (0.5 ml) vial containing 10 micrograms, £8.96.

**Uses:** Active immunisation against infections caused by hepatitis B virus.

**Dosage and administration:** For intramuscular use only. Shake well and inspect before use. Three doses should be given, the

second one month and the third six months after the initial dose. For more rapid immunisation the third dose can be given two months after the initial dose with a booster at 12 months.

**Adults and children over 12 years:** 20 micrograms (1 ml) given intramuscularly.

**Neonates and children 12 years and under:** 10 micrograms (0.5 ml) given intramuscularly.

Administer in the deltoid region, though the antero-lateral thigh is the preferred site for infants. 'Engerix B' should not be administered in the buttock since this may result in low immune response. In neonates of HBsAg positive mothers, give hepatitis B immunoglobulin at the same time as vaccine at different sites within a few hours of birth.

'Engerix B' isn't just something for the weekend. It provides up to five years' protection against hepatitis B; which means you don't have to rely on your patients using a condom every time they have sex.

So who's at risk? People who are sexually active, either with multiple partners, or who travel abroad and have casual, unprotected sex.

The fact is hepatitis B can be contracted in the same way as AIDS, but it's 100 times more infectious. Worst still, it has been found in body fluids such as sweat, saliva, even tears.

It's quite reassuring to know then that, world-wide, 'Engerix B' has protected more people against the hepatitis B virus than any other vaccine.

You can order 'Engerix B' in pre-filled syringes, by calling SmithKline Beecham on 0181-913 4290. So, even if you can't prevent your patients from picking up every sexually transmitted disease, you can give them five years' protection against hepatitis B.



**Contra-indications:** Hypersensitivity to any component of the vaccine. Severe febrile infections.

**Precautions:** Response may be impaired in renal dialysis patients or those who are immunocompromised. Adrenaline 1:1000 should be available in case of anaphylaxis. Use in pregnancy: see Data Sheet.

**Adverse reactions:** Mild transient local soreness, erythema and induration at the injection site. Occasionally low grade fever, malaise, fatigue, arthralgia, arthritis, myalgia, headache, dizziness, syncope, nausea, vomiting, diarrhoea, abdominal pain, lymphadenopathy, abnormal liver function tests, rashes rarely with urticaria. Exceptionally, severe skin disorders such as erythema multiforme. Very rarely one week or more after

injection, transient arthralgia, pruritus or urticaria, but no causal relationship established.

Neurological manifestations in temporal association with the vaccine, including very rarely paraesthesia and extremely rarely paralysis, neuropathy and neuritis (including Guillain-Barré syndrome, optic neuritis and multiple sclerosis). No causal relationship established.

Early onset allergic-type reactions reported rarely.

**Legal category** POM. 11.8.94.

'Engerix B' is a trade mark.

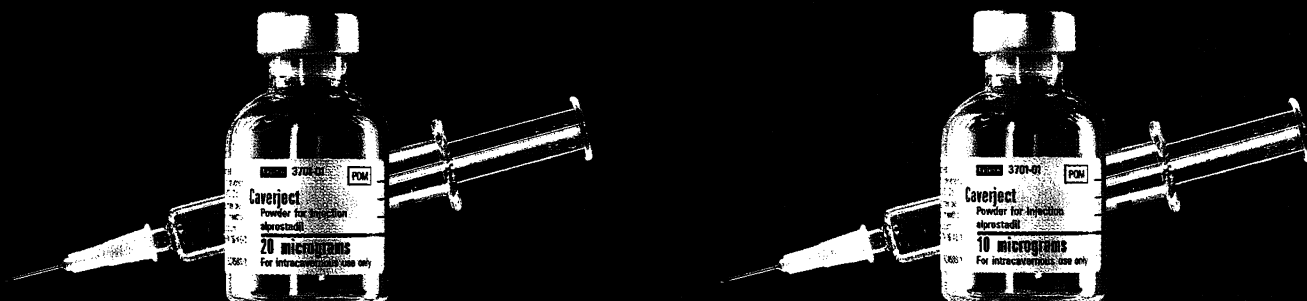
© 1995 SmithKline Beecham Pharmaceuticals

**ENG/RIXB**  
**Hepatitis B Vaccine (rby)**

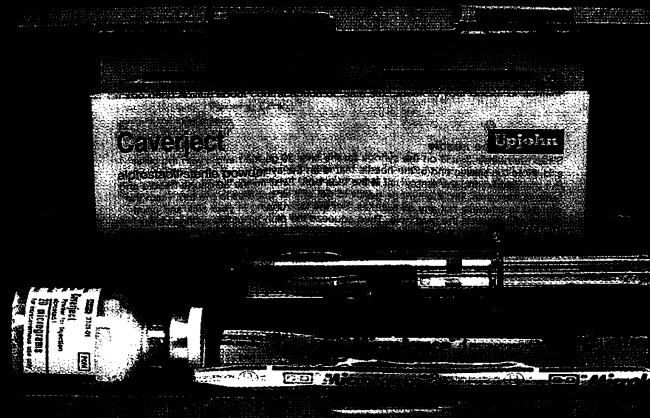
0695 EB:AD/5/051

# Erectile dysfunction? Now there are TWO licensed injectable treatments...

NEW

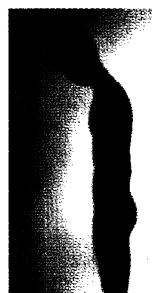


both available in the same complete, convenient presentation



Now Caverject, the only injectable therapy licensed for erectile dysfunction in the U.K., is available in a 10 microgram as well as a 20 microgram presentation.

Over 50% of patients in a self injection study responded to doses of 10 micrograms or less of alprostadil<sup>1</sup>, so the new presentation will be the logical choice for many of your patients, cutting wastage and making dose adjustment simpler.



## Caverject<sup>▼</sup>

alprostadil

### A solution that works

For prescribing information see data sheet.  
**CAVERJECT POWDER FOR INJECTION ▼**  
Alprostadil

**Presentation** White to off-white lyophilised powder, containing alprostadil 10 or 20 micrograms. Also contains lactose and sodium citrate. Diluent is 1 ml bacteriostatic water for injections (benzyl alcohol 0.9% w/v).

**Uses** Treatment of erectile dysfunction. An adjunct to other diagnostic tests in the diagnosis of erectile dysfunction.

**Dosage and Administration** **Diagnosis:** 5-10 micrograms where there is evidence of neurologic dysfunction. 20 micrograms in other cases. **Treatment:** neurogenic dysfunction - initial dose 1.25 micrograms. Second dose 2.5 micrograms, third 5 micrograms, and subsequent incremental increases of 5 micrograms until an optimal dose is achieved. Non-neurogenic dysfunction - initial dose 2.5 micrograms. Second dose 5 micrograms if partial response and 7.5 micrograms if no response. Subsequent increments 5-10 micrograms until optimal dose achieved. If no response, next higher dose can be given in 1 hour; if partial response there must be at least a 1-day interval. The usual dose is 10-20 micrograms. Maximum dose 60 micrograms. The recommended frequency of injection is no more than once daily and no more than three times weekly. The first injection of alprostadil must be done by medically

trained personnel. After proper training and instruction, alprostadil may be self-injected. The dose should provide the patient with an erection that is satisfactory for sexual intercourse. It is recommended that the dose administered produces a duration of the erection not exceeding one hour.

#### **Contra-indications, warnings, etc**

**Contra-indications:** Known hypersensitivity to alprostadil, benzyl alcohol, or any of the other constituents. Sickle cell anaemia or trait, multiple myeloma, or leukaemia (risk of priapism). Patients with a penile implant or anatomical deformity of the penis such as angulation, cavernosal fibrosis, or Peyronie's disease.

**Warnings:** Prolonged erection and/or priapism. Patients with an erection lasting 4 hours or more should report to a physician for consideration of detumescence therapy.

Painful erection is more likely to occur in patients with anatomical deformations of the penis. Regularly follow-up to detect penile fibrosis. Discontinue treatment where penile angulation, cavernosal fibrosis, or Peyronie's disease develops. Patients on anticoagulants such as warfarin or heparin may have increased propensity for bleeding after the intracavernous injection.

Diagnose and treat underlying medical causes of erectile dysfunction before using Caverject. Use of intracavernous alprostadil offers no protection from the transmission of sexually transmitted diseases. Individuals should

be counselled about the spread of sexually transmitted diseases, including HIV.

**Pregnancy and lactation:** Not applicable. (High doses of alprostadil (0.5 to 2.0 mg/kg subcutaneously) had an adverse effect on the reproductive potential of male rats, although this was not seen with lower doses (0.05 to 0.2 mg/kg). Alprostadil did not affect rat spermatogenesis at doses 200 times greater than the proposed human intrapenile dose.)

**Side-effects:** Pain in the penis, mainly mild or moderate in intensity (34%). 3% of patients discontinued treatment due to pain. Haematoma at the site of injection (3%). Prolonged erection (2%), priapism (0.5%). Injection site ecchymosis, penile rash, penile oedema, penile fibrosis (1-1.5%). Other local (eg balanitis, injection site reactions, phimosis, venous leak, abnormal ejaculation,) and systemic events (eg urinary urgency or impairment, vasodilatation, hypotension, hypertension, supraventricular extrasystole, dizziness, headache, pelvic pain) were reported by fewer than 1% of patients.

**Interactions:** None known. Not intended for co-administration with any other agent for the treatment of erectile dysfunction.

**Incompatibilities:** Not known. Only the supplied diluent should be used to prepare solutions. **Pharmaceutical precautions** Caverject must be stored in a refrigerator until dispensed. May then be stored below 25°C for up to 3 months. Reconstituted solutions should be used

immediately and not stored. Do not store the unused pack or reconstituted solution in a freezer.

**Legal category** POM

**Package quantities** Single packs containing a vial of Caverject powder and a syringe of diluent.

#### **Product licence numbers**

PL 0032/0203 Caverject Powder for Injection 10 micrograms  
PL 0032/0188 Caverject Powder for Injection 20 micrograms  
PL 0032/0193 Bacteriostatic Water for Injections diluent

#### **Holder of product licences**

Pharmacia & Upjohn Ltd, Davy Avenue, Knowlhill, Milton Keynes, Bucks MK5 8PH.

**Date of preparation or last review** April 1996

#### **Pricing information**

£7.70 per 10 microgram pack, £9.95 per 20 microgram pack.

**Reference:** Schramek P et al., *Br J Urol* 1990; **65**: 68-71

Date of preparation: April 1996  
Registered trademark: Caverject.

P2504/4/96



**Pharmacia & Upjohn**

Davy Avenue, Knowlhill, Milton Keynes, Bucks MK5 8PH

Now in its third edition, the *ABC of Sexually Transmitted Diseases* has been fully revised to reflect the changing face of sexual health.

■ Covers all the major diseases, including extensively revised chapters on AIDS and hepatitis

■ Contains expert guidance from Michael Adler on diagnosis, management, and associated psychological problems

■ Features full colour photographs and new two colour illustrations

■ Includes up to date facts and figures

**Essential reading for all treating patients with sexually transmitted diseases**

*"A valuable aid to accurate diagnosis and effective treatment."* Management in Practice

ISBN 0 7279 0889 8 80 pages December 1995  
UK £13.95; Overseas £15.00 (BMA members £12.95; £14.00)

Also available: **ABC of AIDS**

Third edition Edited by Michael W Adler

*"The single best concise source on AIDS."*  
Journal of American Academy of Dermatology

ISBN 0 7279 0761 1 96 pages  
UK £13.95; Overseas £15.00 (BMA members £12.95; £14.00)

Available from BMJ Publishing Group, PO Box 295, London WC1H 9TE (tel: 0171 383 6185/6245), medical booksellers or the BMJ Bookshop in BMA House.

Please send me

copy(ies) of *ABC of Sexually Transmitted Diseases*

copy(ies) of *ABC of AIDS*

BMA Membership no.

I enclose £

Please make cheques payable to BMJ

Debit my credit card (please tick box)

VISA AMERICAN EXPRESS MASTERCARD

Card No.

Expiry date /

Signature

Name

Address

Postcode

**BMJ**  
Publishing Group

## NEW EDITION

# ABC OF SEXUALLY TRANSMITTED DISEASES

## MEMBERSHIP OF THE FACULTY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE

The MFFP examination consists of:—

◆ **Part 1** Multiple choice question paper (MCQ)

**Dissertation**

◆ **Part 2** (Entry to part two depends on having held the DFFP for at least two years).

There are three components:

- Modified Essay Question paper (MEQ)
- Critical Reading Question paper (CRQ)
- Objective Structured Clinical examination (OSCE)

◆ The Faculty Board may allow those whose degrees do not qualify them for full Registration with the GMC to enter Part 2.

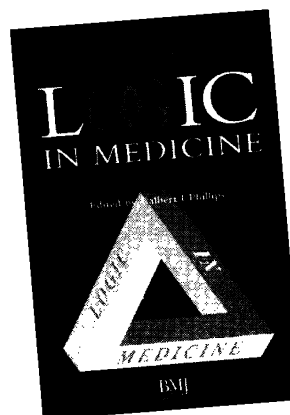
◆ Closing dates for application for entry to Part 1 are 1st January and 1st July.

◆ The qualification is subject to re-certification every five years.

*Regulations available on application to:—*

The Examinations Secretary, Faculty of Family Planning and Reproductive Health Care, of the Royal College of Obstetricians and Gynaecologists  
27 Sussex Place, Regent's Park, London NW1 4RG, UK  
Tel. 0171 723 3175

**Fuzzy about Logic? You should read...**



## LOGIC IN MEDICINE

**2ND EDITION**

**Edited by Calbert I Philips**

*Logic in Medicine* brings together a team of eminent doctors, scientists and philosophers to explain the process behind clinical diagnoses and management decisions.

This new revised edition features:

- An overview of the general philosophy of logic in medicine, in particular, diagnostic logic
- Clarification of difficult subjects such as Bayes's Theorem of pattern recognition
- New chapters on current major issues including: Clinical Decision Making, Statistics, Medical Law, Sociology and Medical Ethics

ISBN 0 7279 0854 5 232 pages September 1995  
UK £14.95 Overseas £17.00 (BMA Members £13.95; £16.00)

**Order your copy now**

from BMJ Publishing Group, PO Box 295, London WC1H 9TE or phone our credit card hotline on 0171 383 6185/6245 (Fax: 0171 383 6662)

**BMJ**  
Publishing Group

# NEW WARTICON CREAM



## La Crème de la Crème

New Warticon Cream is the first ever podophyllotoxin cream for the self-treatment of genital warts.

The cream combines the well proven efficacy<sup>1</sup> and good tolerability<sup>2</sup> of podophyllotoxin in an easy to use formulation.

Men and women will find that new Warticon Cream, with its discreet tube and simple application, adds convenience and dignity to the self-treatment of genital warts.

**NEW**  
**Warticon**  
*cream*

Podophyllotoxin 0.15% w/w

## The cream of self-treatment for genital warts

### Abbreviated Prescribing Information

**Warticon Cream Presentation:** White homogeneous cream containing 0.15% w/w podophyllotoxin.  
**Uses:** For the topical treatment of condyloma acuminata affecting the penis, and the female external genitalia. **Dosage and Administration:** The affected area should be thoroughly washed with soap and water, and dried prior to application. Using a fingertip, Warticon Cream is applied twice daily for 3 days using only enough cream to just cover each wart. The hands should be thoroughly washed after each application. Residual warts should be treated with further courses of twice daily applications for 3 days at weekly intervals, if necessary, for a total of 4 weeks of treatment. Where lesions are greater in area than 4cm<sup>2</sup> it is recommended that treatment takes place under the direct supervision of medical staff. **Contraindications, Warnings etc:** Open wounds, hypersensitivity to podophyllotoxin. Avoid contact with the eyes. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. Prolonged contact with healthy skin should be avoided, as the cream contains an active pharmaceutical substance that could be harmful to healthy skin. **Side Effects:** Local irritation

may occur on second or third day of application associated with the start of wart necrosis. In the majority of cases the reactions are mild (see Data Sheet). **Use in Pregnancy:** Do not use during pregnancy or lactation. **Overdosage:** There have been no reported overdoses with Warticon Cream. No specific antidote is known. In the event of accidental ingestion give emetic or stomach washout. Treatment should be symptomatic and in severe oral overdose ensure the airway is clear and give fluids, check and correct electrolyte balance, monitor blood gases and liver function. Blood count should be monitored for at least five days. **Pharmaceutical Precautions:** Product should be stored at room temperature. **Legal Category:** POM. **Package Quantities:** Single tube containing 5g of Warticon Cream. The pack also contains a mirror to facilitate accurate application. **Basic NHS Price:** Warticon Cream 5g £17.40. **Product Licence Number:** PL 3863/0010. **Date of Preparation:** March 1995. **References:** 1. Kinghorn, G. et al. International Journal of STD & AIDS 1993; 4: 194-199. 2. Strand, A. et al. 1995 In press



Further information is available from: Perstorp Pharma Ltd, Intec 2, Wade Road, Basingstoke, Hants RG24 8NE. Tel: 01256 477868. Fax: 01256 21

and Warticon are registered trademarks